

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AD FILIO		ADYER TUV ALZHOZHT		ADYER TUV ALZHOZHT	
	CID	DEP	CID	DEP	CID	DEP
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
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14	1					
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17	1					
18		2				
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23	1					
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TOTAL IND.	10	1		1		1
TOTAL DEP.	3	1		1		1
TOTAL CLAIMS	4	1		1		1

	CID	DEP	CID	DEP	CID	DEP
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100						
TOTAL IND.		1		1		1
TOTAL DEP.		1		1		1
TOTAL CLAIMS		1		1		1